

**Fill in this information to identify the case:**

United States Bankruptcy Court for the:

\_\_\_\_\_ District of Delaware  
(State)

Case number (if known): \_\_\_\_\_ Chapter 7

☐ Check if this is an  
amended filing

Official Form 201**Voluntary Petition for Non-Individuals Filing for Bankruptcy****06/24**

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. **Debtor's name** Innovate Labs LLC

2. **All other names debtor used in the last 8 years** \_\_\_\_\_  
 \_\_\_\_\_

Include any assumed names,  
trade names, and *doing  
business as* names

3. **Debtor's federal Employer Identification Number (EIN)** 4 7 - 4 6 0 6 8 5 7

4. **Debtor's address** **Principal place of business** **Mailing address, if different from principal place of business**

4845 Pearl East Circle

Number Street

Suite 118 PBM 318052Boulder

City

CO

State

80301

ZIP Code

Number Street

P.O. Box

City

State

ZIP Code

**Location of principal assets, if different from  
principal place of business**

Boulder County

County

Number Street

City

State

ZIP Code

5. **Debtor's website (URL)** getlantern.org

Debtor Innovate Labs LLC Case number (if known) \_\_\_\_\_  
 Name \_\_\_\_\_

**6. Type of debtor**

- ☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))  
☐ Partnership (excluding LLP)  
☐ Other. Specify: \_\_\_\_\_

**7. Describe debtor's business***A. Check one:*

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Railroad (as defined in 11 U.S.C. § 101(44))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))  
☒ None of the above

*B. Check all that apply:*

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)  
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)  
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

*C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.*

5 1 3 2

**8. Under which chapter of the Bankruptcy Code is the debtor filing?***Check one:*

- ☒ Chapter 7  
☐ Chapter 9

☐ Chapter 11. *Check all that apply:*

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725 (amount subject to adjustment on 4/01/25 and every 3 years after that).  
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and it chooses to proceed under Subchapter V of Chapter 11.  
☐ A plan is being filed with this petition.  
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.  
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

If more than 2 cases, attach a separate list.

☒ No

☐ Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
 MM / DD / YYYY MM / DD / YYYY

Debtor Innovate Labs LLC Case number (if known) \_\_\_\_\_

Name

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**

List all cases. If more than 1, attach a separate list.

☒ No☐ Yes. Debtor \_\_\_\_\_

District \_\_\_\_\_

Case number, if known \_\_\_\_\_

Relationship \_\_\_\_\_

When \_\_\_\_\_

MM / DD / YYYY

**11. Why is the case filed in this district?**

Check all that apply:

☒

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

☐

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (Check all that apply.)☐

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety. What is the hazard? \_\_\_\_\_

☐

It needs to be physically secured or protected from the weather.

☐

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐

Other \_\_\_\_\_

**Where is the property?**

Number \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

**Is the property insured?**☐

No

☐

Yes. Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

**Statistical and administrative information****13. Debtor's estimation of available funds**

Check one:

☒

Funds will be available for distribution to unsecured creditors.

☐

After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

**14. Estimated number of creditors**☒

1-49

☐

50-99

☐

100-199

☐

200-999

☐

1,000-5,000

☐

5,001-10,000

☐

10,001-25,000

☐

25,001-50,000

☐

50,001-100,000

☐

More than 100,000

Debtor Innovate Labs LLC Case number (if known) \_\_\_\_\_

Name

**15. Estimated assets**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000          | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000    | <input type="checkbox"/> \$10,000,001-\$50 million           | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000   | <input type="checkbox"/> \$50,000,001-\$100 million          | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million         | <input type="checkbox"/> More than \$50 billion        |

**16. Estimated liabilities**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000          | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000    | <input type="checkbox"/> \$10,000,001-\$50 million           | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000   | <input type="checkbox"/> \$50,000,001-\$100 million          | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million         | <input type="checkbox"/> More than \$50 billion        |

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature of authorized representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10/08/2024  
MM / DD / YYYY

**X** /s/ Adam Fisk  
Signature of authorized representative of debtor

Adam Fisk  
Printed name

Title CEO and Director

**18. Signature of attorney**

**X** /s/ Joseph C. Barsalona II  
Signature of attorney for debtor

Date 10/8/2024  
MM / DD / YYYY

Joseph C. Barsalona II  
Printed name

Pashman Stein Walder Hayden P.C.  
Firm name

824 North Market Street, Suite 800

Number	Street	DE	19801
<u>Wilmington</u>		State	ZIP Code

<u>302-592-6496</u>	<u>jbarsalona@pashmanstein.com</u>
Contact phone	Email address

<u>6102</u>	<u>DE</u>
Bar number	State

**UNANIMOUS WRITTEN CONSENT OF THE  
BOARD OF MANAGERS OF  
INNOVATE LABS, LLC**

**October 7, 2024**

The undersigned, being all of the members of the board of managers (the “Board”) of Innovate Labs LLC, a Delaware limited liability company (“Company”), hereby take, pursuant to the Delaware Limited Liability Company Act and in accordance with Second Amended and Restated Limited Liability Company Agreement of Company, dated January 31, 2020 (the “LLC Agreement”), the following actions and adopt the following resolutions by written consent in lieu of a meeting of the Board, with the same force and effect as if taken at a meeting of the Board:

**WHEREAS**, Section 6.1(c) of the LLC Agreement provides that the Board has the ultimate power and authority to manage the business and affairs of the Company; and

**WHEREAS**, Section 6.3(c) of the LLC Agreement provides that the Board may act by unanimous written consent; and

**WHEREAS**, the Board has reviewed and considered, among other things, the financial condition of the Company on the date hereof; and

**WHEREAS**, the Board acknowledges that the financial condition of the Company is dire due to the diminishing financial prospects of the Company and other pending litigation; and

**WHEREAS**, the Board has received, reviewed, and considered the recommendations of the Company’s legal and other advisors as to the relative risks and benefits of pursuing a bankruptcy case under the provisions of chapter 7 of title 11 of the United States Code (the “Bankruptcy Code”); and

**WHEREAS**, the Board has the authority to authorize a bankruptcy filing under chapter 7 of the Bankruptcy Code for the Company,

**NOW, THEREFORE, BE IT RESOLVED**, that, with respect to the Company, the Board has determined that it is desirable and in the best interests of the Company, its stockholders, creditors, and other interested parties that a voluntary petition (the “Petition”) be filed by the Company under the provisions of chapter 7 of the Bankruptcy Code in the United States Bankruptcy Court for the District of Delaware (the “Bankruptcy Court”); and be it

**FURTHER RESOLVED**, that the undersigned and any duly appointed officer of the Company (each, an “Authorized Person”), acting individually or jointly, is hereby authorized, empowered, and directed, with full power of delegation, to negotiate, execute, verify, deliver, and file with the Bankruptcy Court, in the name and on behalf of the Company, and under its corporate seal or otherwise, all petitions, schedules, statements, motions, lists, applications, pleadings, papers, affidavits, declarations, orders, plans, and other documents (collectively, the “Chapter 7 Filings”) (with such changes therein and additions thereto as any such Authorized Person may

deem necessary, appropriate or advisable, the execution and delivery of any of the Chapter 7 Filings by any such Authorized Person with any changes thereto to be conclusive evidence that any such Authorized Person deemed such changes to meet such standard); and be it

**FURTHER RESOLVED**, that any Authorized Person, in each case, acting individually or jointly, be, and each hereby is, authorized, empowered, and directed, with full power of delegation, in the name and on behalf of the Company, to take and perform any and all further acts and deeds that such Authorized Person deems necessary, appropriate, or desirable in connection with the Company's chapter 7 case (the "Chapter 7 Case") or the Chapter 7 Filings, including, without limitation, (i) the payment of fees, expenses and taxes such Authorized Person deems necessary, appropriate, or desirable, and (ii) negotiating, executing, delivering, performing and filing any and all additional documents, schedules, statements, lists, papers, agreements, certificates and/or instruments (or any amendments or modifications thereto) in connection with, or in furtherance of, the Chapter 7 Case with a view to the successful prosecution of the Chapter 7 Case (such acts to be conclusive evidence that such Authorized Person deemed the same to meet such standard); and be it

**FURTHER RESOLVED**, that the retention of the law firm of Pashman Stein Walder Hayden, P.C. ("Pashman Stein"), to represent the Company as bankruptcy counsel on the terms set forth in its engagement letter with the Company and to represent and assist the Company in preparing and filing the Petition, the Chapter 7 Filings, and related forms, schedules, lists, statements and other papers or documents is hereby approved, adopted, ratified and confirmed in all respects; and it be

**FURTHER RESOLVED**, that all of the acts and transactions relating to matters contemplated by the foregoing resolutions, which acts and transactions would have been authorized and approved by the foregoing resolutions except that such acts and transactions were taken prior to the adoption of such resolutions, be, and they hereby are, in all respects adopted, confirmed, approved, and ratified.

*[Signature Page Follows]*

**IN WITNESS WHEREOF**, the undersigned, being all of the members of the board of managers of Innovate Labs, LLC, having adopted the foregoing resolutions as of the date first set forth above.

**BOARD OF MANAGERS OF INNOVATE LABS, LLC:**



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Adam Fisk

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE**

In re:

Innovate Labs LLC.

Debtor.<sup>1</sup>

Chapter 7

Case No. 24-\_\_\_\_ ( )

**CORPORATE OWNERSHIP STATEMENT AND LIST OF EQUITY HOLDERS**

Pursuant to Rules 1007(a)(1), 1007(a)(3), and 7007.1 of the Federal Rules of Bankruptcy Procedure, the following are equity holders, other than governmental units, that directly or indirectly own 10% or more of any class of the Debtor's equity interests:

<b>Name and last known address or place of business of holder</b>	<b>Percentage of Ownership</b>
Adam Fisk [REDACTED]	47.67%
Niall Donnelly [REDACTED]	47.67%

<sup>1</sup> The last four digits of the Debtor's federal tax identification number are 6857. The Debtor's mailing address is 4845 Pearl East Circle, Suite 118, PBM 318052, Boulder, CO 80301.



**Fill in this information to identify the case and this filing:**Debtor Name Innovate Labs LLCUnited States Bankruptcy Court for the: \_\_\_\_\_ District of Delaware  
State)

Case number (if known): \_\_\_\_\_

**Official Form 202****Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets-Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule \_\_\_\_\_
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☒ Other document that requires a declaration Corporate Ownership Statement

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10/8/2024  
MM / DD / YYYY

x/s/ Adam Fisk

Signature of individual signing on behalf of debtor

Adam Fisk

Printed name

CEO and Director

Position or relationship to debtor

**Fill in this information to identify the case:**Debtor name Innovate Labs LLCUnited States Bankruptcy Court for the: \_\_\_\_\_ District of Delaware  
(State)

Case number (If known): \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206Sum****Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets****1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B* .....\$ 0.00**1b. Total personal property:**Copy line 91A from *Schedule A/B* .....\$ 1,276,277.32**1c. Total of all property:**Copy line 92 from *Schedule A/B* .....\$ 1,276,277.32**Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D* .....\$ 0.00**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F* .....\$ 4,510.30**3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F* .....+ \$ UNDETERMINED**4. Total liabilities** .....

Lines 2 + 3a + 3b

\$ UNDETERMINED

**Fill in this information to identify the case:**Debtor name Innovate Labs LLCUnited States Bankruptcy Court for the: \_\_\_\_\_ District of Delaware  
(State)

Case number (If known): \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.  
☒ Yes. Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****2. Cash on hand:**\$ 5,546.31**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. <u>Chase Bank</u>	<u>Checking</u>	<u>7386</u>	\$ <u>120,965.04</u>
3.2. _____	_____	_____	\$ _____

**4. Other cash equivalents (Identify all)**

4.1. <u>Crypto currency in Bitmart accounts</u>	\$ <u>24,601.71</u>
4.2. <u>PayPal</u>	\$ <u>0.00</u>

**5. Total of Part 1**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$ 151,113.06**Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.  
☐ Yes. Fill in the information below.

**Current value of debtor's interest****7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1. _____	\$ _____
7.2. _____	\$ _____

Debtor

Innovate Labs LLC

Name

Case number (if known)

**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

8.1. D&O Insurance, Mellennia, LLC	\$	5,632.34
8.2. Traveler's Insurance for EPLI	\$	1,114.68

**9. Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$ 6,747.02

**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
- ☒ Yes. Fill in the information below.

Current value of debtor's interest

**11. Accounts receivable (see Addendum A)**

11a. 90 days old or less:	\$61,283.05	—	\$33,497.06	= ..... →	\$ 27,785.99
	face amount		doubtful or uncollectible accounts		
11b. Over 90 days old:	\$13,545.98	—	\$13,545.98	= ..... →	\$ 0.00
	face amount		doubtful or uncollectible accounts		

**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 27,785.99

**Part 4: Investments****13. Does the debtor own any investments?**

- ☒ No. Go to Part 5.
- ☐ Yes. Fill in the information below.

Valuation method  
used for current valueCurrent value of debtor's  
interest**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. _____	_____	\$ _____
14.2. _____	_____	\$ _____

**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity:

% of ownership:

15.1. _____	_____ %	\$ _____
15.2. _____	_____ %	\$ _____

**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

16.1. _____	_____	\$ _____
16.2. _____	_____	\$ _____

**17. Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

\$ \_\_\_\_\_

Debtor

Innovate Labs LLC

Name

Case number (if known)

**Part 5: Inventory, excluding agriculture assets****18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.
- ☐ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
	MM / DD / YYYY	\$		\$
20. Work in progress				
	MM / DD / YYYY	\$		\$
21. Finished goods, including goods held for resale				
	MM / DD / YYYY	\$		\$
22. Other inventory or supplies				
	MM / DD / YYYY	\$		\$

**23. Total of Part 5**

Add lines 19 through 22. Copy the total to line 84.

\$

**24. Is any of the property listed in Part 5 perishable?**

- ☐ No
- ☐ Yes

**25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☐ No
- ☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \_\_\_\_\_

**26. Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☐ No
- ☐ Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)****27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested			
	\$		\$
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
	\$		\$
30. Farm machinery and equipment (Other than titled motor vehicles)			
	\$		\$
31. Farm and fishing supplies, chemicals, and feed			
	\$		\$
32. Other farming and fishing-related property not already listed in Part 6			
	\$		\$

Debtor

Innovate Labs LLC

Name

Case number (if known)

**33. Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ \_\_\_\_\_

**34. Is the debtor a member of an agricultural cooperative?**☐ No☐ Yes. Is any of the debtor's property stored at the cooperative?☐ No☐ Yes**35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**☐ No☐ Yes. Book value \$ \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \$ \_\_\_\_\_**36. Is a depreciation schedule available for any of the property listed in Part 6?**☐ No☐ Yes**37. Has any of the property listed in Part 6 been appraised by a professional within the last year?**☐ No☐ Yes**Part 7: Office furniture, fixtures, and equipment; and collectibles****38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**☒ No. Go to Part 8.☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>39. Office furniture</b>			
_____	\$ _____	_____	\$ _____
<b>40. Office fixtures</b>			
_____	\$ _____	_____	\$ _____
<b>41. Office equipment, including all computer equipment and communication systems equipment and software</b>			
_____	\$ _____	_____	\$ _____
<b>42. Collectibles</b> <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 _____	\$ _____	_____	\$ _____
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____

**43. Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$ \_\_\_\_\_

**44. Is a depreciation schedule available for any of the property listed in Part 7?**☐ No☐ Yes**45. Has any of the property listed in Part 7 been appraised by a professional within the last year?**☐ No☐ Yes

Debtor

Innovate Labs LLC

Name

Case number (if known)

**Part 8: Machinery, equipment, and vehicles****46. Does the debtor own or lease any machinery, equipment, or vehicles?**☒ No. Go to Part 9.☐ Yes. Fill in the information below.**General description**

Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)

**Net book value of debtor's interest**  
(Where available)**Valuation method used for current value****Current value of debtor's interest****47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

47.1	_____	\$	_____	_____	\$	_____
47.2	_____	\$	_____	_____	\$	_____
47.3	_____	\$	_____	_____	\$	_____
47.4	_____	\$	_____	_____	\$	_____

**48. Watercraft, trailers, motors, and related accessories** Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1	_____	\$	_____	_____	\$	_____
48.2	_____	\$	_____	_____	\$	_____

**49. Aircraft and accessories**

49.1	_____	\$	_____	_____	\$	_____
49.2	_____	\$	_____	_____	\$	_____

**50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

_____	\$	_____	_____	\$	_____
-------	----	-------	-------	----	-------

**51. Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$ \_\_\_\_\_

**52. Is a depreciation schedule available for any of the property listed in Part 8?**☐ No☐ Yes**53. Has any of the property listed in Part 8 been appraised by a professional within the last year?**☐ No☐ Yes

Debtor

Innovate Labs LLC

Name

Case number (if known)

**Part 9: Real property****54. Does the debtor own or lease any real property?**☒ No. Go to Part 10.☐ Yes. Fill in the information below.**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 _____	_____	\$ _____	_____	\$ _____
55.2 _____	_____	\$ _____	_____	\$ _____
55.3 _____	_____	\$ _____	_____	\$ _____
55.4 _____	_____	\$ _____	_____	\$ _____
55.5 _____	_____	\$ _____	_____	\$ _____
55.6 _____	_____	\$ _____	_____	\$ _____

**56. Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ \_\_\_\_\_

**57. Is a depreciation schedule available for any of the property listed in Part 9?**☐ No☐ Yes**58. Has any of the property listed in Part 9 been appraised by a professional within the last year?**☐ No☐ Yes**Part 10: Intangibles and intellectual property****59. Does the debtor have any interests in intangibles or intellectual property?**☐ No. Go to Part 11.☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. <b>Patents, copyrights, trademarks, and trade secrets</b> Copyrights to code repositories	\$ _____	Cost-based	\$ 1,088,247.92
61. <b>Internet domain names and websites</b> getlantern.org; getlantern.com; getlantern.org; firetweet.io; lantern.network; natty.io	\$ _____	Market-based	\$ 1,583.33
62. <b>Licenses, franchises, and royalties</b>	\$ _____	_____	\$ _____
63. <b>Customer lists, mailing lists, or other compilations</b>	\$ _____	_____	_____
64. <b>Other intangibles, or intellectual property</b>	\$ _____	_____	\$ _____
65. <b>Goodwill</b>	\$ _____	_____	\$ _____

**66. Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$ 1,089,831.25



Debtor

Innovate Labs LLC

Name

Case number (if known)

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☐ No  
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☐ No  
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☐ No  
☐ Yes

### Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.  
☒ Yes. Fill in the information below.

Current value of  
debtor's interest

71. Notes receivable

Description (include name of obligor)

\_\_\_\_\_ = → \$ \_\_\_\_\_  
Total face amount      doubtful or uncollectible amount

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

CA Tax Return Refund	Tax year	2023	\$	800
_____	Tax year	_____	\$	_____
_____	Tax year	_____	\$	_____

73. Interests in insurance policies or annuities

\_\_\_\_\_ \$ \_\_\_\_\_

74. Causes of action against third parties (whether or not a lawsuit has been filed)

\_\_\_\_\_ \$ \_\_\_\_\_

Nature of claim \_\_\_\_\_

Amount requested \$ \_\_\_\_\_

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

\_\_\_\_\_ \$ \_\_\_\_\_

Nature of claim \_\_\_\_\_

Amount requested \$ \_\_\_\_\_

76. Trusts, equitable or future interests in property

\_\_\_\_\_ \$ \_\_\_\_\_

77. Other property of any kind not already listed *Examples: Season tickets, country club membership*

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☐ No  
☐ Yes

\$ \_\_\_\_\_

Debtor

Innovate Labs LLC

Name

Case number (if known)

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1.</i>	\$ 151,113.06	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	\$ 6,747.02	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	\$ 27,785.99	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	\$ 0.00	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	\$ 0.00	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	\$ 0.00	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	\$ 0.00	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	\$ 0.00	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....</i> →		\$ 0.00
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	\$ 1,089,831.25	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ \$ 800	
91. <b>Total.</b> Add lines 80 through 90 for each column..... 91a.	\$ 1,276,277.32	+ 91b. \$ 0.00
92. <b>Total of all property on Schedule A/B.</b> Lines 91a + 91b = 92. ....		\$ 1,276,277.32

**ADDENDUM A**

Line 4.1: The USD associated with the cryptocurrency can vary pursuant to the cryptocurrency exchange rate

Line 11: Included in the \$61,283.05 is cryptocurrency. The USD associated with the cryptocurrency can vary pursuant to the cryptocurrency exchange rate.

## Fill in this information to identify the case:

Debtor name Innovate Labs LLC  
 United States Bankruptcy Court for the: \_\_\_\_\_ District of Delaware  
 (State)  
 Case number (If known): \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 206D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

## 1. Do any creditors have claims secured by debtor's property?

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.  
☐ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

## 2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

**2.1** Creditor's name

Describe debtor's property that is subject to a lien

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☐ No  
☐ Yes. Specify each creditor, including this creditor, and its relative priority.

Describe the lien

Is the creditor an insider or related party?

- ☐ No  
☐ Yes

Is anyone else liable on this claim?

- ☐ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**2.2** Creditor's name

Describe debtor's property that is subject to a lien

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☐ No  
☐ Yes. Have you already specified the relative priority?  
☐ No. Specify each creditor, including this creditor, and its relative priority.

Describe the lien

Is the creditor an insider or related party?

- ☐ No  
☐ Yes

Is anyone else liable on this claim?

- ☐ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$ \_\_\_\_\_

page 1 of 1

## Fill in this information to identify the case:

Debtor Innovate Labs LLC

United States Bankruptcy Court for the: \_\_\_\_\_ District of Delaware  
(State)

Case number  
(If known) \_\_\_\_\_

☐ Check if this is an  
amended filing

## Official Form 206E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

## Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.  
☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

<b>2.1</b> Priority creditor's name and mailing address <u>Colorado Dept of Labor &amp; Employment</u> <u>633 17th Sreet, Suite 201</u> <u>Denver, CO 80202-3660</u> Date or dates debt was incurred <u>9/30/2024</u> Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: \$ <u>75.00</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>CO PFML Taxes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$ <u>75.00</u></td> <td style="text-align: center;">\$ <u>75.00</u></td> </tr> </tbody> </table>	Total claim	Priority amount	\$ <u>75.00</u>	\$ <u>75.00</u>
Total claim	Priority amount					
\$ <u>75.00</u>	\$ <u>75.00</u>					

<b>2.2</b> Priority creditor's name and mailing address <u>Colorado Dept of Labor &amp; Employment</u> <u>633 17th Sreet, Suite 201</u> <u>Denver, CO 80202-3660</u> Date or dates debt was incurred <u>9/30/2024</u> Last 4 digits of account number <u>7 8 7 5</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: \$ <u>349.76</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>CO UI Tax</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: center;">\$ <u>349.76</u></td> <td style="text-align: center;">\$ <u>349.76</u></td> </tr> </tbody> </table>	\$ <u>349.76</u>	\$ <u>349.76</u>
\$ <u>349.76</u>	\$ <u>349.76</u>			

<b>2.3</b> Priority creditor's name and mailing address <u>Colorado Dept of Revenue</u> <u>PO Box 17087</u> <u>Denver, CO 80217-0087</u> Date or dates debt was incurred <u>9/30/2024</u> Last 4 digits of account number <u>2 4 2 9</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: \$ <u>688.00</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>CO Income Tax</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: center;">\$ <u>688.00</u></td> <td style="text-align: center;">\$ <u>688.00</u></td> </tr> </tbody> </table>	\$ <u>688.00</u>	\$ <u>688.00</u>
\$ <u>688.00</u>	\$ <u>688.00</u>			

page 1 of 8

Debtor

Innovate Labs LLC

Name

Case number (if known)

**Part 1. Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.4 Priority creditor's name and mailing address \$ 462.00 \$ 462.00

Internal Revenue Services  
 Centralized Insolvency Operation Post  
 Office, PO Box 7346  
 Philadelphia, PA 19101-7346

Date or dates debt was incurred  
 9/30/2024

Last 4 digits of account  
 number 6 8 5 7

Specify Code subsection of PRIORITY unsecured  
 claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:  
 Check all that apply.

☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
 Federal UI Taxes

Is the claim subject to offset?  
☒ No  
☐ Yes

2.5 Priority creditor's name and mailing address \$ 95.84 \$ 95.84

Massachusetts Department of Family and  
 Medical Leave  
 One Ashburton Place, Suite 2112  
 Boston, MA 02108

Date or dates debt was incurred  
 9/30/2024

Last 4 digits of account  
 number       

Specify Code subsection of PRIORITY unsecured  
 claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:  
 Check all that apply.

☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
 MA PFML Taxes

Is the claim subject to offset?  
☒ No  
☐ Yes

2.6 Priority creditor's name and mailing address \$ 979.16 \$ 979.16

Massachusetts Dept of Revenue  
 Bakruptcy Unit, PO Box 7090  
 Boston, MA 02204-7090

Date or dates debt was incurred  
 9/30/2024

Last 4 digits of account  
 number 5 8 8 2

Specify Code subsection of PRIORITY unsecured  
 claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:  
 Check all that apply.

☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
 MA Income Tax

Is the claim subject to offset?  
☒ No  
☐ Yes

2.7 Priority creditor's name and mailing address \$ 19.05 \$ 19.05

New Jersey Division of Taxation  
 3 John Fitch Way, 5th Floor, PO Box 245  
 Trenton, NJ 08695-0245

Date or dates debt was incurred  
 9/30/2024

Last 4 digits of account  
 number       

Specify Code subsection of PRIORITY unsecured  
 claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:  
 Check all that apply.

☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
 NJ Quarterly Taxes

Is the claim subject to offset?  
☒ No  
☐ Yes

Debtor

Innovate Labs LLC

Name

**Part 1. Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.8 Priority creditor's name and mailing address**

New York State Department of Taxation  
and Finance  
Harriman Campus Road  
Albany, NY 12227

As of the petition filing date, the claim is:

\$ 33.15

\$ 33.15

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
8/31/2024

Basis for the claim:  
NY Income Taxes

Last 4 digits of account  
number

Is the claim subject to offset?

- ☒ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) (8)

**2.9 Priority creditor's name and mailing address**

Oregon Employment Department  
875 Union Street NE  
Salem, OR 97311

As of the petition filing date, the claim is:

\$ 240.00

\$ 240.00

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
9/30/2024

Basis for the claim:  
OR PFML Taxes

Last 4 digits of account  
number 9 7 5 1

Is the claim subject to offset?

- ☒ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) (8)

**2.10 Priority creditor's name and mailing address**

Oregon Department of Revenue  
955 Center Street NE  
Salem, OR 97301-2555

As of the petition filing date, the claim is:

\$ 13.92

\$ 13.92

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
9/30/2024

Basis for the claim:  
OR ER Taxes

Last 4 digits of account  
number 9 7 5 1

Is the claim subject to offset?

- ☒ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) (8)

**2.11 Priority creditor's name and mailing address**

Texas Workforce Commission  
101 E 15th Street  
Austin, TX 78778

As of the petition filing date, the claim is:

\$ 22.50

\$ 22.50

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
9/30/2024

Basis for the claim:  
UI Taxes

Last 4 digits of account  
number 2 6 4 3

Is the claim subject to offset?

- ☒ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) (8)

Debtor

Innovate Labs LLC

Name

**Part 1. Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.12 Priority creditor's name and mailing address**

Wyoming Department of Workforce Services

PO Box 2760

Casper, WY 82602

As of the petition filing date, the claim is: \$ 648.37 \$ 648.37

Check all that apply.

☒ Contingent☒ Unliquidated☒ Disputed

Date or dates debt was incurred

6/30/2024

Basis for the claim:

UI Taxes

Last 4 digits of account

number \_\_\_\_\_

Is the claim subject to offset?

☒ No☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

**2.13 Priority creditor's name and mailing address**

Wyoming Department of Workforce Services

PO Box 2760

Casper, WY 82602

As of the petition filing date, the claim is: \$ 864.50 \$ 864.50

Check all that apply.

☒ Contingent☒ Unliquidated☒ Disputed

Date or dates debt was incurred

9/30/2024

Basis for the claim:

UI Taxes

Last 4 digits of account

number \_\_\_\_\_

Is the claim subject to offset?

☒ No☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

**2.14 Priority creditor's name and mailing address**As of the petition filing date, the claim is: \$

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account

number \_\_\_\_\_

Is the claim subject to offset?

☐ No☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

**2.15 Priority creditor's name and mailing address**As of the petition filing date, the claim is: \$

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account

number \_\_\_\_\_

Is the claim subject to offset?

☐ No☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( )



Debtor

Innovate Labs LLC

Name

Case number (if known)

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	<b>Nonpriority creditor's name and mailing address</b> Adam Fisk [REDACTED] [REDACTED]  Date or dates debt was incurred <u>8/29/2024</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> \$ <u>121,990.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>2023 Tax Distribution</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.2	<b>Nonpriority creditor's name and mailing address</b> Carson Fisk-Vittori [REDACTED] [REDACTED]  Date or dates debt was incurred <u>8/29/2024</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> \$ <u>1,525.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>2023 Tax Distribution</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3	<b>Nonpriority creditor's name and mailing address</b> Derek Frech [REDACTED] [REDACTED]  Date or dates debt was incurred <u>8/29/2024</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> \$ <u>9,149.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>2023 Tax Distribution</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.4	<b>Nonpriority creditor's name and mailing address</b> Exquisite Visions, Inc. 16192 Coastal Highway Lewes, DE 19958  Date or dates debt was incurred <u>8/29/2024</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> \$ <u>443.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>2023 Tax Distribution</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.5	<b>Nonpriority creditor's name and mailing address</b> Harry Harpham [REDACTED] [REDACTED]  Date or dates debt was incurred <u>8/29/2024</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> \$ <u>762.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>2023 Tax Distribution</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6	<b>Nonpriority creditor's name and mailing address</b> Helen Hood [REDACTED] [REDACTED]  Date or dates debt was incurred <u>8/29/2024</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> \$ <u>508.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>2023 Tax Distribution</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor

Innovate Labs LLC

Case number (if known)

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.7	Nonpriority creditor's name and mailing address Jenna Jerrine Mejia _____ _____ _____	As of the petition filing date, the claim is: \$ 452.00 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>2023 Tax Distribution</u>
	Date or dates debt was incurred <u>8/29/2024</u> Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.8	Nonpriority creditor's name and mailing address Luke Tucker _____ _____ _____	As of the petition filing date, the claim is: \$ 244.00 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>2023 Tax Distribution</u>
	Date or dates debt was incurred <u>8/29/2024</u> Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.9	Nonpriority creditor's name and mailing address Niall Donnelly _____ _____ _____	As of the petition filing date, the claim is: \$ 121,990.00 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>2023 Tax Distribution</u>
	Date or dates debt was incurred <u>8/29/2024</u> Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.10	Nonpriority creditor's name and mailing address Niall Donnelly _____ _____ _____	As of the petition filing date, the claim is: \$ UNDETERMINED <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.11	Nonpriority creditor's name and mailing address Noah Levenson _____ _____ _____	As of the petition filing date, the claim is: \$ 191.00 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>2023 Tax Distribution</u>
	Date or dates debt was incurred <u>8/29/2024</u> Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Innovate Labs LLC  
Name

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.12	Nonpriority creditor's name and mailing address <u>Percy Wegmann</u> <u>[REDACTED]</u> <u>[REDACTED]</u>	As of the petition filing date, the claim is: \$ <u>7,283.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>2023 Tax Distribution</u>
	Date or dates debt was incurred <u>8/29/2024</u> Last 4 digits of account number <u>      </u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.	Nonpriority creditor's name and mailing address _____ _____ _____	As of the petition filing date, the claim is: \$ _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____
	Date or dates debt was incurred _____ Last 4 digits of account number <u>      </u>	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3.	Nonpriority creditor's name and mailing address _____ _____ _____	As of the petition filing date, the claim is: \$ _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____
	Date or dates debt was incurred _____ Last 4 digits of account number <u>      </u>	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3.	Nonpriority creditor's name and mailing address _____ _____ _____	As of the petition filing date, the claim is: \$ _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____
	Date or dates debt was incurred _____ Last 4 digits of account number <u>      </u>	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3.	Nonpriority creditor's name and mailing address _____ _____ _____	As of the petition filing date, the claim is: \$ _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____
	Date or dates debt was incurred _____ Last 4 digits of account number <u>      </u>	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes

Debtor

Innovate Labs LLC  
Name

Case number (if known)

**Part 3:****List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.2. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.3. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.1. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.5. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.6. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.7. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.8. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.9. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.10. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.11. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1 5a. \$ 4,510.30

5b. Total claims from Part 2 5b. + \$ UNDETERMINED

5c. Total of Parts 1 and 2 5c. \$ UNDETERMINED  
Lines 5a + 5b = 5c.

**Fill in this information to identify the case:**Debtor name Innovate Labs LLCUnited States Bankruptcy Court for the: \_\_\_\_\_ District of Delaware

(State)

Case number (If known): \_\_\_\_\_ Chapter 7☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest	<u>Consulting Agreement</u>	<u>Ahua Chen</u>
	State the term remaining	<u>Indefinitely</u>	
	List the contract number of any government contract		
2.2	State what the contract or lease is for and the nature of the debtor's interest	<u>Consulting Agreement</u>	<u>Allan Guwatudde</u>
	State the term remaining	<u>Indefinitely</u>	
	List the contract number of any government contract		
2.3	State what the contract or lease is for and the nature of the debtor's interest	<u>Consulting Agreement</u>	<u>Amirhossein Arabzadeh</u>
	State the term remaining	<u>Indefinitely</u>	
	List the contract number of any government contract		
2.4	State what the contract or lease is for and the nature of the debtor's interest	<u>Consulting Agreement</u>	<u>Break Free Software LLC</u>
	State the term remaining	<u>Indefinitely</u>	<u>2620 Regatta Drive</u>
	List the contract number of any government contract		<u>Suite 102</u>
			<u>Las Vegas, NV 89128</u>
2.5	State what the contract or lease is for and the nature of the debtor's interest	<u>Consulting Agreement</u>	<u>Dmitry Nikitenko</u>
	State the term remaining	<u>Indefinitely</u>	
	List the contract number of any government contract		

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Debtor

Innovate Labs LLC

Name

Case number (if known)

**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.6	State what the contract or lease is for and the nature of the debtor's interest	<u>Consulting Agreement</u>	<u>Exquisite Visions Inc.</u>
	State the term remaining	<u>Indefinitely</u>	<u>16192 Coastal Highway</u>
	List the contract number of any government contract		<u>Lewes, DE 19958</u>
2.7	State what the contract or lease is for and the nature of the debtor's interest	<u>Consulting Agreement</u>	<u>Fumakiya Jigar Vipulbhai</u>
	State the term remaining	<u>Indefinitely</u>	
	List the contract number of any government contract		
2.8	State what the contract or lease is for and the nature of the debtor's interest	<u>Consulting Agreement</u>	<u>Igor Valentovitch</u>
	State the term remaining	<u>Indefinitely</u>	
	List the contract number of any government contract		
2.9	State what the contract or lease is for and the nature of the debtor's interest	<u>Consulting Agreement</u>	<u>Kiran Kuumar Mohanty</u>
	State the term remaining	<u>Indefinitely</u>	
	List the contract number of any government contract		
2.10	State what the contract or lease is for and the nature of the debtor's interest	<u>Consulting Agreement</u>	<u>Khoo Chiap Yang</u>
	State the term remaining	<u>Indefinitely</u>	
	List the contract number of any government contract		
2.11	State what the contract or lease is for and the nature of the debtor's interest	<u>Indefinitely Consulting Agreement</u>	<u>Pamela Woods</u>
	State the term remaining	<u>Indefinitely</u>	
	List the contract number of any government contract		
2.12	State what the contract or lease is for and the nature of the debtor's interest	<u>Consulting Agreement</u>	<u>Tzu Ming Huang</u>
	State the term remaining	<u>Indefinitely</u>	
	List the contract number of any government contract		

Debtor Innovate Labs LLC Case number (if known) \_\_\_\_\_  
 Name \_\_\_\_\_

**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1 3	State what the contract or lease is for and the nature of the debtor's interest	<u>Consulting Agreement</u>	<u>Wendel Castro</u> [REDACTED]
	State the term remaining	<u>Indefinitely</u>	[REDACTED]
	List the contract number of any government contract	_____	_____
2.14	State what the contract or lease is for and the nature of the debtor's interest	<u>Consulting Agreement</u>	<u>Woody Shortridge</u> [REDACTED]
	State the term remaining	<u>Indefinitely</u>	[REDACTED]
	List the contract number of any government contract	_____	_____
2.15	State what the contract or lease is for and the nature of the debtor's interest	_____	_____
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	_____
2.____	State what the contract or lease is for and the nature of the debtor's interest	_____	_____
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	_____
2.____	State what the contract or lease is for and the nature of the debtor's interest	_____	_____
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	_____
2.____	State what the contract or lease is for and the nature of the debtor's interest	_____	_____
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	_____
2.____	State what the contract or lease is for and the nature of the debtor's interest	_____	_____
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	_____

page 3 of 3



**Fill in this information to identify the case:**Debtor name Innovate Labs LLCUnited States Bankruptcy Court for the: \_\_\_\_\_ District of Delaware  
(State)

Case number (If known): \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206H****Schedule H: Codebtors****12/15****Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.****1. Does the debtor have any codebtors?**☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☐ Yes**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1 _____	_____ Street _____ City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 _____	_____ Street _____ City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 _____	_____ Street _____ City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 _____	_____ Street _____ City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5 _____	_____ Street _____ City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6 _____	_____ Street _____ City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

page 1 of 1

**Fill in this information to identify the case:**

Debtor name Innovate Labs LLC

United States Bankruptcy Court for the: \_\_\_\_\_ District of Delaware  
(State)

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy** 04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income****1. Gross revenue from business**

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year			Sources of revenue Check all that apply	Gross revenue (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From <u>1/1/2024</u> MM/DD/YYYY	to Filing date	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>1,000,000.00</u>
For prior year:	From <u>1/1/2023</u> MM/DD/YYYY	to <u>12/31/23</u> MM/DD/YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>2,700,000.00</u>
For the year before that:	From <u>1/1/2022</u> MM/DD/YYYY	to <u>12/31/22</u> MM/DD/YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>6,000,000.00</u>

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None

			Description of sources of revenue	Gross revenue from each source (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From _____ MM/DD/YYYY	to Filing date	_____	\$ _____
For prior year:	From _____ MM/DD/YYYY	to _____ MM/DD/YYYY	_____	\$ _____
For the year before that:	From _____ MM/DD/YYYY	to _____ MM/DD/YYYY	_____	\$ _____

Debtor Innovate Labs LLC  
Name

Case number (if known) \_\_\_\_\_

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1.	AAFCPAs Inc. Creditor's name 50 Washington Street Street Westborough MA 01581 City State ZIP Code	7/15/2024 8/20/2024 9/16/2024	\$ 9,634.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2.	Allan Guwatudde Creditor's name [Redacted] Street [Redacted] II City State ZIP Code	7/10/2024 8/9/2024 9/10/2024	\$ 14,035.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.3.	BMP LLP Creditor's name One California Street Street Suite 2500 San Francisco CA 94111 City State ZIP Code	7/11/2024 8/9/2024 9/10/2024	\$ 8,820.82	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.4.	Break Free Software, LLC Creditor's name 2620 Regatta Drive Street Suite 102 Las Vegas NV 89128 City State ZIP Code	8/9/2024 9/10/2024 9/27/2024	\$ 10,890.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.5.	BTP, LLC Creditor's name 51 Pleasant Street Street Unit 262 Malden MA 02148 City State ZIP Code	9/10/2024	\$ 14,500.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.6.	Deel, Inc. Creditor's name 650 2nd Street Street San Francisco CA 94107 City State ZIP Code	8/2/2024	\$ 17,150.63	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.7.	Derek Frech Creditor's name [Redacted] Street	7/1/2024- 8/30/2024	\$ 19,750.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services

City State ZIP Code

☒ Other Reimbursements

Case number (if known)

Debtor **Innovate Labs LLC**

Name

Creditor's name and address

Dates

Total amount or value

Reasons for payment or transfer

Check all that apply

3.8.

**Foundation Law Group LLP**

Creditor's name

**4100 W Alameda Ave**

Street

**3<sup>rd</sup> Floor**

**Burbank**

**CA**

**91505**

City

State

ZIP Code

7/11/2024 -

10/7/2024

\$ 13,620.00

☐

Secured debt

☐

Unsecured loan repayments

☐

Suppliers or vendors

☒

Services

☐

Other

3.9.

**Fumakiya Jigar Vipulbhai**

Creditor's name

7/10/2024 -

9/27/2024

\$ 11,096.00

☐

Secured debt

☐

Unsecured loan repayments

☐

Suppliers or vendors

☒

Services

☐

Other

3.10.

**Harry Harpham**

Creditor's name

7/11/2024

8/15/2024

\$ 19,374.99

☐

Secured debt

☐

Unsecured loan repayments

☐

Suppliers or vendors

☒

Services

☐

Other

3.11.

**Oracle**

Creditor's name

7/26/2024

8/26/2024

\$ 41,400.42

☐

Secured debt

☐

Unsecured loan repayments

☐

Suppliers or vendors

☒

Services

☐

Other

3.12.

**Thompson Hine LLP**

Creditor's name

7/26/2024

9/16/2024

\$ 49,368.53

☐

Secured debt

☐

Unsecured loan repayments

☐

Suppliers or vendors

☒

Services

☐

Other

3.13.

**UnitedHealthcare**

Creditor's name

7/15/2024 -

8/16/2024

\$ 37,457.66

☐

Secured debt

☐

Unsecured loan repayments

☐

Suppliers or vendors

☐

Services

☒

Other

3.14.

Creditor's name

\$

Street

☐

Secured debt

☐

Unsecured loan repayments

☐

Suppliers or vendors

☐

Services

☐

Other

City

State

ZIP Code

Insurance

Debtor **Innovate Labs LLC**

Case number (if known)

	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.15.	_____ Creditor's name _____ Street _____ _____ City State ZIP Code	_____ _____ _____	\$ _____ _____ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.16.	_____ Creditor's name _____ Street _____ _____ City State ZIP Code	_____ _____ _____	\$ _____ _____ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1.	_____ Insider's name _____ Street _____ _____ City State ZIP Code	_____ _____ _____	\$ _____ _____ _____	_____ _____ _____
	<b>Relationship to debtor</b> _____ _____			
4.2.	_____ Insider's name _____ Street _____ _____ City State ZIP Code	_____ _____ _____	\$ _____ _____ _____	_____ _____ _____
	<b>Relationship to debtor</b> _____ _____			

Debtor Innovate Labs LLC

Name

Case number (if known) \_\_\_\_\_

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Description of the property	Date	Value of property
5.1.			\$ _____
Creditor's name			
Street			
City State ZIP Code			
5.2.			\$ _____
Creditor's name			
Street			
City State ZIP Code			

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
			\$ _____
Creditor's name			
Street			
City State ZIP Code	Last 4 digits of account number: XXXX- _ _ _ _		

**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1. Niall Donnelly v. Innovate Labs, LLC, et al.	Breach of contract; Breach of fiduciary duty	Superior Court of California Name Hon. Cherol J. Nellon Street 111 North Hill Street Los Angeles CA 90012 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number 24STCV10323			
7.2.		Court or agency's name and address Name Street City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number			

Debtor **Innovate Labs LLC**

Name

Case number (if known)

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Custodian's name and address	Description of the property	Value
Custodian's name		\$
Street	Case title	Court name and address
City State ZIP Code	Case number	Name
		Street
	Date of order or assignment	City State ZIP Code

**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. Recipient's name			\$
Street			
City State ZIP Code			
Recipient's relationship to debtor			
9.2. Recipient's name			\$
Street			
City State ZIP Code			
Recipient's relationship to debtor			

**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Date of loss	Value of property lost
			\$

Debtor Innovate Labs LLC

Name

Case number (if known) \_\_\_\_\_

**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

11.1.

Who was paid or who received the transfer?

If not money, describe any property transferred

Dates

Total amount or value

Pashman Stein Walder Hayden,  
P.C.

Address

824 N. Market Street

Street

Suite 800

Wilmington DE 19801

City

State

ZIP Code

Email or website address

jbarsalona@pashmanstein.com

Who made the payment, if not debtor?

8/21/2024

\$ 40,000.00

11.2.

Who was paid or who received the transfer?

If not money, describe any property transferred

Dates

Total amount or value

Address

Street

City State ZIP Code

Email or website address

Who made the payment, if not debtor?

\$ \_\_\_\_\_

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

Name of trust or device

Describe any property transferred

Dates transfers were made

Total amount or value

\$ \_\_\_\_\_

Trustee



Debtor Innovate Labs LLC

Name

Case number (if known) \_\_\_\_\_

**13. Transfers not already listed on this statement**

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1. _____	_____	_____	\$ _____
<b>Address</b>			
_____			
Street			
_____			
City	State	ZIP Code	
<b>Relationship to debtor</b>			
_____			

**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy
14.1. <u>440 N Barranca Ave</u> Street	From <u>Jan 2023</u> To <u>June 2024</u>
<u>Covina</u> CA <u>91723</u> City State ZIP Code	
14.2. <u>556 S Fair Oaks Ave</u> Street	From <u>Jan 2022</u> To <u>Jan 2023</u>
<u>Pasadena</u> CA <u>90015</u> City State ZIP Code	
14.3. <u>3615 Tacoma Ave</u> Street	From 2015 To Jan 2022
<u>Los Angeles</u> CA <u>90065</u> City State ZIP Code	

Debtor Innovate Labs LLC

Case number (if known) \_\_\_\_\_

**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

15.1. \_\_\_\_\_  
Facility name \_\_\_\_\_

\_\_\_\_\_

Street \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. \_\_\_\_\_

How are records kept?  
Check all that apply:  
☐ Electronically  
☐ Paper

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

15.2. \_\_\_\_\_  
Facility name \_\_\_\_\_

\_\_\_\_\_

Street \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. \_\_\_\_\_

How are records kept?  
Check all that apply:  
☐ Electronically  
☐ Paper

**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.
- ☒ Yes. State the nature of the information collected and retained. Email addresses

Does the debtor have a privacy policy about that information?

- ☐ No
- ☐ Yes

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- ☐ No. Go to Part 10.
- Yes. Does the debtor serve as plan administrator?

- ☐ No. Go to Part 10.
- ☒ Yes. Fill in below:

Name of plan	Employer identification number of the plan
<u>Innovate Labs 401(K) Plan</u>	EIN: <u>4</u> <u>7</u> - <u>4</u> <u>6</u> <u>0</u> <u>6</u> <u>8</u> <u>5</u> <u>7</u>

Has the plan been terminated?

- ☒ No
- ☐ Yes

Debtor Innovate Labs LLC  
Name

Case number (if known) \_\_\_\_\_

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

	Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	<b>See Exhibit 1</b> Name _____ Street _____ City _____ State _____ ZIP Code _____	XXXX- _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
18.2.	_____ Name _____ Street _____ City _____ State _____ ZIP Code _____	XXXX- _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____ Address _____ _____	_____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____ Address _____ _____	_____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Innovate Labs LLC  
Name

Case number (if known) \_\_\_\_\_

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Owner's name and address	Location of the property	Description of the property	Value
Name			\$ _____
Street			
City State ZIP Code			

**Part 12: Details About Environmental Information**

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☒ No

☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
Case number	Name		<input type="checkbox"/> Pending
	Street		<input type="checkbox"/> On appeal
			<input type="checkbox"/> Concluded
	City State ZIP Code		

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

☒ No

☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		
Street	Street		
City State ZIP Code	City State ZIP Code		

Debtor Innovate Labs LLC  
Name

Case number (if known) \_\_\_\_\_

**24. Has the debtor notified any governmental unit of any release of hazardous material?**☒ No☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____	_____	_____
Street _____	Street _____	_____	
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____		

**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. Name _____	_____	EIN: _____ - _____
Street _____	_____	Dates business existed _____
City _____ State _____ ZIP Code _____		From _____ To _____
25.2. Business name and address _____	Describe the nature of the business _____	Employer Identification number Do not include Social Security number or ITIN.
Name _____	_____	EIN: _____ - _____
Street _____	_____	Dates business existed _____
City _____ State _____ ZIP Code _____		From _____ To _____
25.3. Business name and address _____	Describe the nature of the business _____	Employer Identification number Do not include Social Security number or ITIN.
Name _____	_____	EIN: _____ - _____
Street _____	_____	Dates business existed _____
City _____ State _____ ZIP Code _____		From _____ To _____

Debtor Innovate Labs LLC  
Name

Case number (if known) \_\_\_\_\_

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Dates of service
26a.1. <u>See Exhibit 2</u> Name Street City State ZIP Code	From To

Name and address	Dates of service
26a.2. _____ Name Street City State ZIP Code	From To

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address	Dates of service
26b.1. <u>BPM LLP</u> Name <u>One California Street</u> Street <u>Suite 2500</u> <u>San Francisco</u> <u>CA</u> <u>94111</u> City State ZIP Code	From <u>1/2022</u> To <u>8/30/2024</u>

Name and address	Dates of service
26b.2. <u>Blockchain Tax Partners [BTP LLC]</u> Name <u>51 Pleasant Street</u> Street <u>#262</u> <u>Malden</u> <u>MA</u> <u>02148</u> City State ZIP Code	From <u>2/2023</u> To <u>present</u>

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. <u>AAFCPAs Inc</u> Name <u>50 Washington St</u> Street <u>Westborough</u> <u>MA</u> <u>01581</u> City State ZIP Code	_____ _____ _____

Debtor Innovate Labs LLC  
Name

Case number (if known) \_\_\_\_\_

**Name and address****If any books of account and records are unavailable, explain why**26c.2. Mary Hayes CPA

Name

64 Mountain Road

Street

Berwick

City

ME

State

03908

ZIP Code

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None**Name and address**

26d.1.

Name

Street

City

State

ZIP Code

**Name and address**

26d.2.

Name

Street

City

State

ZIP Code

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.**Name of the person who supervised the taking of the inventory****Date of inventory****The dollar amount and basis (cost, market, or other basis) of each inventory**

\$ \_\_\_\_\_

**Name and address of the person who has possession of inventory records**

27.1.

Name

Street

City

State

ZIP Code

Debtor Innovate Labs LLC  
Name

Case number (if known) \_\_\_\_\_

Name of the person who supervised the taking of the inventory

Date of  
inventoryThe dollar amount and basis (cost, market, or  
other basis) of each inventory

\$ \_\_\_\_\_

Name and address of the person who has possession of inventory records

27.2.

Name

Street

City

State

ZIP Code

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Adam Fisk	[REDACTED]	Co-Founder & CEO	47.67%
Niall Donnelly	[REDACTED]	Member	47.67%
Derek Frech	[REDACTED]	Member	3.57%
Harry Harpham	[REDACTED]	Member	0.3%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No  
☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Jenna Mejia	[REDACTED]	Officer & Member	From <u>2021</u> To <u>2023</u>
Luke Tucker	[REDACTED]	Member	From <u>2018</u> To <u>2023</u>
Noah Levenson	[REDACTED]	Member	From <u>2022</u> To <u>2024</u>
Oneshin Aiken	[REDACTED]	Director	From <u>2023</u> To <u>2024</u>
Percy Wegmann	[REDACTED]	Member	From <u>2016</u> To <u>2023</u>

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No  
☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1. Adam Fisk Name [REDACTED] Street [REDACTED] City [REDACTED] State [REDACTED] ZIP Code Relationship to debtor CEO and Director	\$240,500.00	10/17/2023 - 8/30/2024	Guaranteed Payment



Debtor Innovate Labs LLC  
Name

Case number (if known) \_\_\_\_\_

**Name and address of recipient**

30.2.

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

**Relationship to debtor**

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No☐ Yes. Identify below.**Name of the parent corporation****Employer Identification number of the parent corporation**

EIN: \_\_\_\_\_ - \_\_\_\_\_

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☐ No☒ Yes. Identify below.**Name of the pension fund****Employer Identification number of the pension fund**

Guideline, Inc.

EIN: 4 7 - 4 6 0 6 8 5 7**Part 14: Signature and Declaration****WARNING** – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.

18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10/08/2024

MM / DD / YYYY

✱ /s/ Adam FiskPrinted name Adam Fisk

Signature of individual signing on behalf of the debtor

Position or relationship to debtor CEO and DirectorAre additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?☐ No☒ Yes

**Exhibit 1**

Financial Institution	Address	Last 4 digits of account	Type of Account	Date account was closed	Last balance before closing
Merrill Lynch	Private Wealth Advisor - CKWM Group, 110 N Wacker Drive 19th Floor, Chicago, IL 60606	6792	Investment	08.16.24	0
Bluevine Inc	401 Warren St, Suite 300, Redwood City, CA 94063	1142	Checking	09.05.24 - Approx	0
Bluevine Inc	402 Warren St, Suite 300, Redwood City, CA 94063	8302	Checking	09.05.24 - Approx	0
Bluevine Inc.	403 Warren St, Suite 300, Redwood City, CA 94063	9832	Checking	09.05.24 - Approx	0
Bluevine Inc.	404 Warren St, Suite 300, Redwood City, CA 94063	8706	Checking	09.05.24 - Approx	0
Bluevine Inc.	405 Warren St, Suite 300, Redwood City, CA 94063	6274	Checking	09.05.24 - Approx	0
Bluevine Inc.	405 Warren St, Suite 300, Redwood City, CA 94063	3422	Checking	09.05.24 - Approx	0
First Internet Bank of Indiana	8701 East 116th Street, Fishers, IN 46038		Checking	09.12.24	0
First Internet Bank of Indiana	8701 East 116th Street, Fishers, IN 46038		Checking	09.12.24	0
First Internet Bank of Indiana	8701 East 116th Street, Fishers, IN 46038		Checking	09.12.24	0
First Internet Bank of Indiana	8701 East 116th Street, Fishers, IN 46038		Checking	09.23.24	0
First Intetnet Bank of Indiana	8701 East 116th Street, Fishers, IN 46038		Checking	09.12.24	0
First Internet Bank of Indiana	8701 East 116th Street, Fishers, IN 46038		Checking	09.23.24	0
First Interent Bank of Indiana	8701 East 116th Street, Fishers, IN 46038		Checking	09.12.24	0
First Internet Bank of Indiana	8701 East 116th Street, Fishers, IN 46038	9459	Checking	09.12.24	0

**Exhibit 2**

<b>Name</b>	<b>Address</b>	<b>Date of Service (from and to)</b>
AAFCPAs Inc	50 Washington St, Westborough, MA 01581	March 2023 - present
BPM LLP	Once California Street, Suite 2500, San Francisco, CA 94111	Jan 2022 - Aug 30, 2024
Blockchain Tax Partners [BTP LLC]	51 Pleasant Street #262, Malden, MA 02148	Feb 2023 - present
Mary Hayes CPA	64 Mountain Road, South Berwick, ME 03908	July 2015 - Dec 2023

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE**

In re:

Innovate Labs LLC,

Debtor.<sup>1</sup>

Chapter 7

Case No. 24-\_\_\_\_ ( )

**VERIFICATION OF CREDITOR MATRIX**

I, the Chief Executive Officer of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: October 8, 2024

/s/ Adam Fisk

Adam Fisk

Title: Chief Executive Officer

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<sup>1</sup> The last four digits of the Debtor's federal tax identification number are 6857. The Debtor's mailing 4845 Pearl East Circle, Suite 118, PBM 318052, Boulder, CO 80301.

Adam Fisk

[REDACTED]

Ahua Chen

[REDACTED]

Allan Guwatudde

[REDACTED]

Amirhossein Arabzadeh

[REDACTED]

Break Free Software, LLC  
2620 Regatta Drive, Suite 102  
Las Vegas, NV 89128

Carson Fisk-Vittori

[REDACTED]

Colorado Dept of Labor & Employment  
633 17th Street, Suite 201  
Denver, CO 80202-3660

Colorado Dept of Revenue  
PO Box 17087  
Denver, CO 80261-0087

Derek Frech

[REDACTED]

Dmitry Nikitenko

[REDACTED]

Exquisite Visions Inc.  
16192 Coastal Highway  
Lewes, DE 19958

Fumakiya Jigar Vipulbhai

[REDACTED]

Harry Harpham

[REDACTED]

Helen Hood

[REDACTED]

Igor Valentovitch

[REDACTED]

Internal Revenue Services  
Centralized Insolvency Operation Post Office  
PO Box 7346  
Philadelphia, PA 19101-7346

Jenna Jerrine Mejia

[REDACTED]

Khoo Chiap Yang

[REDACTED]

Kiran Kuumar Mohanty

[REDACTED]

Luke Tucker

[REDACTED]

Massachusetts Department of Family and  
Medical Leave  
One Ashburton Place, Suite 2112  
Boston, MA 02108

Massachusetts Dept of Revenue  
Bankruptcy Unit, PO Box 7090  
Boston, MA 02204-7090

McCune Law Group, APC



18565 Jamboree Road, Ste. 550  
Irvine, CA 92612

Niall Donnelly  
[REDACTED]

NJ Dept of Revenue  
NJ Division of Taxation  
3 John Fitch Way, 5th Floor,  
PO Box 245  
Trenton, NJ 08695-0245

Noah Levenson  
[REDACTED]

New York State Dept of Taxation and Finance  
Harriman Campus Road  
Albany, NY 12227

Oneshin Aiken  
[REDACTED]

Oregon Department of Paid Family Medical  
Leave  
Oregon Employment Dept  
875 Union Street NE  
Salem, OR 97311

Oregon Dept of Revenue  
955 Center Street NE,  
Salem, OR 97301-2555

Pamela Woods  
[REDACTED]

Percy Wegmann  
[REDACTED]

Superior Court of CA  
Hon. Cherol J. Nellon  
111 North Hill Street

Los Angeles, CA 90012

Texas Workforce Commission  
101 E 15th Street,  
Austin, TX 78778

Tzu Ming Huang

[REDACTED]

Wendel Castro

[REDACTED]

Woody Shortridge

[REDACTED]

Wyoming Department of Workforce Services  
PO Box 2760  
Casper, WY 82602

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE**

In re:

Innovate Labs LLC,

Debtor.<sup>1</sup>

Chapter 7

Case No. 24-\_\_\_\_ ( )

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTORS**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that my firm, Pashman Stein Walder Hayden, PC (“Pashman”) is counsel for the above-captioned debtor (the “Debtor”) and that compensation paid to Pashman within one year before the filing of the petition in bankruptcy, or agreed to be paid to Pashman, for services rendered or to be rendered on behalf of the Debtor in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, Pashman has agreed to accept	\$40,000.00
Prior to the filing of this statement Pashman has received	\$40,000.00
Balance Due	\$0.00

2. The source of the Chapter 7 Payment to Pashman was the Debtor.

3. Pashman has not agreed to share the above-captioned disclosed compensation with any other person unless they are a partner, counsel, or associate of Pashman.

4. In return for the above-disclosed fee, Pashman has agreed to pay the filing fees required to commence this bankruptcy case and has further agreed to render legal services relating to this bankruptcy case, including:

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<sup>1</sup> The last four digits of the Debtor’s federal tax identification number are 6857. The Debtor’s mailing 4845 Pearl East Circle, Suite 118, PBM 318052, Boulder, CO 80301.

- a. Analysis of the Debtor's financial situation, and rendering advice to the Debtor in determining whether to file the bankruptcy petition;
- b. Preparation and filing of the voluntary petition in bankruptcy and certain other documents that may be required; and
- c. Representation of the Debtor at the meeting of creditors, and any adjourned hearing thereof.

**CERTIFICATION**

I hereby certify that the foregoing is a complete statement of any agreement or agreement for payment to Pashman for representation of the Debtor in this bankruptcy proceeding.

Dated: October 8, 2024  
Wilmington, Delaware

**PASHMAN STEIN WALDER HAYDEN, P.C.**

/s/ Joseph C. Barsalona II

Joseph C. Barsalona II (No. 6102)

Alexis R. Gambale (No. 7150)

824 N. Market Street, Suite 800

Wilmington, DE 19801

Telephone: (302) 592-6496

Email: [jbarsalona@pashmanstein.com](mailto:jbarsalona@pashmanstein.com)

[agambale@pashmanstein.com](mailto:agambale@pashmanstein.com)

*Counsel to the Debtor*